

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0053423 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/23/2012 |
| <b>Decision Date:</b> | 03/14/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of 8/23/12. A report dated 10/17/13 stated that eight sessions of physical therapy had been completed. A progress report dated 10/2/13 identifies subjective complaints including significant pain superiorly in the shoulder, improved from last visit. The patient is taking Motrin for pain management, and is doing better overall. He has been doing physical therapy and notes it has been helpful. He is happy with his progress thus far. Objective examination findings identify forward flexion 130, abduction 90, external rotation 60, internal rotation 40, and rotator cuff strength 5/5. Diagnoses include status post right shoulder arthroscopy, extensive debridement, subacromial decompression, and distal claviclectomy (Mumford procedure) on 7/29/13. The treatment plan recommends continued physical therapy. Recovery has slowed, but he is diabetic, and this is not out of the ordinary following shoulder surgery. A progress report dated 9/10/13 identifies forward flexion 90, abduction 70, external rotation 50, and internal rotation to sacrum.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy three times a week for four weeks for the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12, 27.

**Decision rationale:** The California MTUS supports up to 24 sessions of physical therapy after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of 8 physical therapy sessions completed. Strength was already at 5/5 for the rotator cuff prior to completion of those sessions, but range of motion was significantly increased when comparing the provider's 9/10/13 and 10/2/13 medical reports. There are still remaining range of motion deficits including forward flexion of 130 degrees and abduction of 90 degrees. Given the prior progress, additional physical therapy appears appropriate. In light of the above, the currently requested physical therapy is medically necessary.